UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

24309

7590

12/22/2004

XILINX, INC ATTN: LEGAL DEPARTMENT 2100 LOGIC DR SAN JOSE, CA 95124 EXAMINER

TAN, VIBOL

ART UNIT

PAPER NUMBER

2819

DATE MAILED: 12/22/2004

| A DRI ICATION NO | FIL DIO 5 + 775 | FIRST MALED BUILDING   | LATTORNITY BOOKET NO. | CONTRACTOR       |  |
|------------------|-----------------|------------------------|-----------------------|------------------|--|
| APPLICATION NO.  | FILING DATE     | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO.   | CONFIRMATION NO. |  |
| 10/640,342       | 08/12/2003      | Wayne Edward Wennekamp | X-1062-1P US          | 7714             |  |

TITLE OF INVENTION: SYSTEMS AND METHODS FOR PROGRAMMING A SECURED CPLD ON-THE-FLY

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 03/22/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further con indicated unless corrected maintenance fee notification                                                                               | respondence including the legion or directed otherwise as.                                     | Patent, advance or in Block 1, by (a)                                                           | ders and notif<br>) specifying a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fication of maintenance fees we new correspondence address;        | vill be mailed to the current; and/or (b) indicating a sep                                                                                                                                                                                                                                    | correspondence address as arate "FEE ADDRESS" for                                                                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                       |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee(s) Transmittal. The papers. Each additions                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                               |  |  |
| 24309 75<br>XILINX, INC<br>ATTN: LEGAL DI<br>2100 LOGIC DR<br>SAN JOSE, CA 95                                                                                      | EPARTMENT                                                                                      |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cer                                                                | rtificate of Mailing or Tran-<br>nis Fee(s) Transmittal is bein<br>with sufficient postage for fit<br>I Stop ISSUE FEE address<br>TO (703) 746-4000, on the                                                                                                                                   | smission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>date indicated below. |  |  |
|                                                                                                                                                                    |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                            |  |  |
|                                                                                                                                                                    |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                   |  |  |
|                                                                                                                                                                    |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                        |  |  |
| APPLICATION NO.                                                                                                                                                    | FILING DATE                                                                                    | 1                                                                                               | FIRST NAMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INVENTOR                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                           | CONFIRMATION NO.                                                                                                              |  |  |
| 10/640,342                                                                                                                                                         | 08/12/2003                                                                                     | v                                                                                               | Vayne Edward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | l Wennekamp                                                        | X-1062-1P US                                                                                                                                                                                                                                                                                  | 7714                                                                                                                          |  |  |
| ,                                                                                                                                                                  |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | URED CPLD ON-THE-FLY                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                               |  |  |
| APPLN. TYPĖ                                                                                                                                                        | SMALL ENTITY                                                                                   | ISSUE FE                                                                                        | EE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PUBLICATION FEE                                                    | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                      |  |  |
| nonprovisional                                                                                                                                                     | NO                                                                                             | \$1400                                                                                          | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$0                                                                | \$1400                                                                                                                                                                                                                                                                                        | 03/22/2005                                                                                                                    |  |  |
| EXAM                                                                                                                                                               | IINER                                                                                          | ART UNIT                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLASS-SUBCLASS                                                     | ]                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |  |
| TAN, VIBOL                                                                                                                                                         |                                                                                                | 2819                                                                                            | 2819 326-008000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | •                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless | 1 37 CFR 3.11. Completion                                                                      | Correspondence ation form e of a Customer  E PRINTED ON T clow, no assignee of this form is NOT | (1) the name or agents C (2) the name registered of the control of | ear on the patent. If an assign                                    | a member a 2 nes of up to no name is 3 nee is identified below, the o                                                                                                                                                                                                                         | locument has been filed for                                                                                                   |  |  |
| 4a. The following fee(s) are  Issue Fee Publication Fee (No s                                                                                                      | mall entity discount permitte                                                                  | 4b                                                                                              | Payment of I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                                                                                                                                                                                               | oup entity Government                                                                                                         |  |  |
| Advance Order - # of Copies The Director is here                                                                                                                   |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ctor is hereby authorized by count Number                          | harge the required fee(s), or (enclose an extra o                                                                                                                                                                                                                                             | credit any overpayment, to                                                                                                    |  |  |
| a. Applicant claims S                                                                                                                                              | (from status indicated above                                                                   | e)<br>37 CFR 1.27.                                                                              | b. Applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ant is no longer claiming SMA                                      | LL ENTITY status. See 37 C                                                                                                                                                                                                                                                                    | FR 1.27(g)(2).                                                                                                                |  |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the reco                                                                            | is requested to apply the Issu<br>ublication Fee (if required) vords of the United States Pate | ne Fee and Publicate vill not be accepted and Trademark                                         | tion Fee (if and<br>I from anyone<br>Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y) or to re-apply any previousl<br>other than the applicant; a reg | y paid issue fee to the applic<br>istered attorney or agent; or t                                                                                                                                                                                                                             | ation identified above,<br>he assignee or other party in                                                                      |  |  |
| Authorized Signature                                                                                                                                               |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                               |  |  |
| Typed or printed name                                                                                                                                              |                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration                                                       | No                                                                                                                                                                                                                                                                                            |                                                                                                                               |  |  |
| This collection of information an application. Confidential                                                                                                        | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.                                      | 11. The information 122 and 37 CFR 1                                                            | n is required t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o obtain or retain a benefit by ection is estimated to take 12     | the public which is to file (an minutes to complete, includi                                                                                                                                                                                                                                  | d by the USPTO to process) ng gathering, preparing, and                                                                       |  |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| APPLICATION NO           | ATION NO. FILING DATE |            | CATION NO. FILING DATE |                         | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|--------------------------|-----------------------|------------|------------------------|-------------------------|----------------------|---------------------|------------------|
| 10/640,342 08/12/2003    |                       | 08/12/2003 | Wayne Edward Wennekamp | X-1062-1P US            | 7714                 |                     |                  |
| 24309                    | 7590                  | 12/22/2004 |                        | EXAMINER                |                      |                     |                  |
| XILINX, INC              |                       |            |                        | TAN, V                  | TAN, VIBOL           |                     |                  |
| ATTN: LEGA<br>2100 LOGIC |                       | IMENT      |                        | ART UNIT                | PAPER NUMBER         |                     |                  |
| SAN JOSE, CA 95124       |                       |            | 4                      | 2819                    |                      |                     |                  |
|                          |                       |            |                        | DATE MAILED: 12/22/2004 |                      |                     |                  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 15 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 15 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.